1/24/2018

ANN ARBOR RESIDENTS FOR NON LETHAL DEER MANAGEMENT

Good morning, my name is Robert McGee and I am the president of Ann Arbor Residents for Non Lethal Deer Management. We are a citizens group with over 150 members. We were instrumental in proposing the deer sterilization study conducted by Dr. Tony DeNicola and his team from White Buffalo Incorporated. With me this morning is Dr. Katie Dyer, a Michigan licensed veterinarian who volunteered last year and this year to help perform the sterilization operations under the direction of White Buffalo. Please allow me to take you through the process used in Ann Arbor. I will talk about everything except the actual OR work. Katie will take you through that.

Last year and again this year, I was the volunteer coordinator on behalf of White Buffalo. My role was to coordinate the activities and provide support to the darting team and the OR team.

A brief comment regarding the volunteers, if I may. Last year we had 16 volunteers, over 60 applied, this year we chose 30, once again over 60 applied. These volunteers, consisted of hunters, veterinarians, vet techs, medical doctors, physician assistants, nurses, house wives, retires and college students. Basically volunteers from all walks of life wishing to become involved.

Now let's describe what we did.

First, we needed a facility to perform the ovariectomies. The city provided a maintenance building at one of their golf courses.

Upon arrival, we stored their stuff off to the side to give us an empty counter top and clear floor space. Next we set up tables and the veterinarians came in and draped the counter tops and set up their equipment and supplies, which included an oxygen tank, IV pole as well as an autoclave to sterilize surgical tools.

We had teams to perform specific tasks.

The Darting Team went out to find the does in specific areas and dart them. These members included a veterinarian, Dr. DeNicola and wildlife biologists.

Per Dr. DeNicola, and I quote "The drugs used in the dart were approximately 5mg/kg of Telazole combined with 2mg/kg of xylazine. If necessary, ketamine was also used during surgery. Telazole and ketamine are dissociative anesthetics and give true surgical levels of anesthesia".

The dart containing the drugs also consists of a blue flashing light and gives off a radio signal for tracking because the deer may run for 25 yards or so.

Once the deer is darted, the information regarding time darted, number and location is relayed back to me in the command center in the OR. At that point a transport team is sent to the location to bring the deer back to the OR.

Once in the OR, the deer are prepped by the OR staff consisting of veterinarians, licensed vet techs and volunteers with medical backgrounds.

We have been fortunate to not only have veterinarians and vet techs volunteer but also a medical doctor, physician assistants and nurses.

The dart is removed in the field by the biologists and once in the OR, the wound is inspected and packed with antibiotic cream. If the deer were not tagged in the field, they are tagged at this point. Both ears are tagged. The maternal matriarch of each heard, as identified by the field biologist, is also fitted at this point with a radio tracking collar.

Dr. Dyer will now take you through a typical surgery.

Last year, Doe number 21 was presented to the OR last year with an arrow tip protruding from its front shoulder. It was removed by the surgeon and the wound cleaned out and packed with antibiotic cream.

Upon completion of the surgery, the Transport Team, accompanied by the Recovery Team takes the deer back to the approximate area where is was darted. Once at the release location, a member of the Darting Team administers the reversal agent and the deer is placed on a blanket with its legs tucked underneath it and its head held to keep its airway open. In cold weather another blanket is draped over the deer. Once the deer starts to lift its head, the team member lets go of the deer and retreats to a safe distance to monitor the deer until in trots off.

All activities are recorded manually on a data sheet as well as through phone apps. All times are monitored closely to ensure the deer are released within a 2 hour window.

As you know, we just completed the second year of this study with 54 deer sterilized last year and 19 this year. Out of the 73 does sterilized we experienced 0 fatalities due to the surgery.

Last year, we did have one deer that had to be euthanized nine days post op because it was found in distress. It was taken to MSU where a necropsy by the DNR was performed, revealing a bullet fragment found in the right lung which the DNR could not rule out as the cause of death. There was no evidence the ovariectomy caused the distress.

This year, we were only allowed to sterilize 26 deer, per the DNR. Because of extreme cold weather, we only located and sterilized 19 does. And to my knowledge all are still alive. That is a 100% surgical success rate over two years with 73 does sterilized.

On behalf of members in my group, we, like many other Michigan residents enjoy watching deer. I believe the DNR refers to this practice as Recreational Viewing.

There are urban deer and in some places the population is increasing. However, due to local discharge ordinances, urban hunting is not feasible. Culling is feasible, but not in all locations in an urban setting. Sterilization by removing the does' ovaries, allows Michigan residents to enjoy recreational viewing of deer and at the same time, control population in areas where lethal means is not practical. This gives you another tool to manage populations where hunters or those performing culls cannot get access to the deer.

In no way does this compete with hunting. In fact, sterilization helps you achieve one of your goals for Michigan residents ....recreational viewing. Thank you for your time.

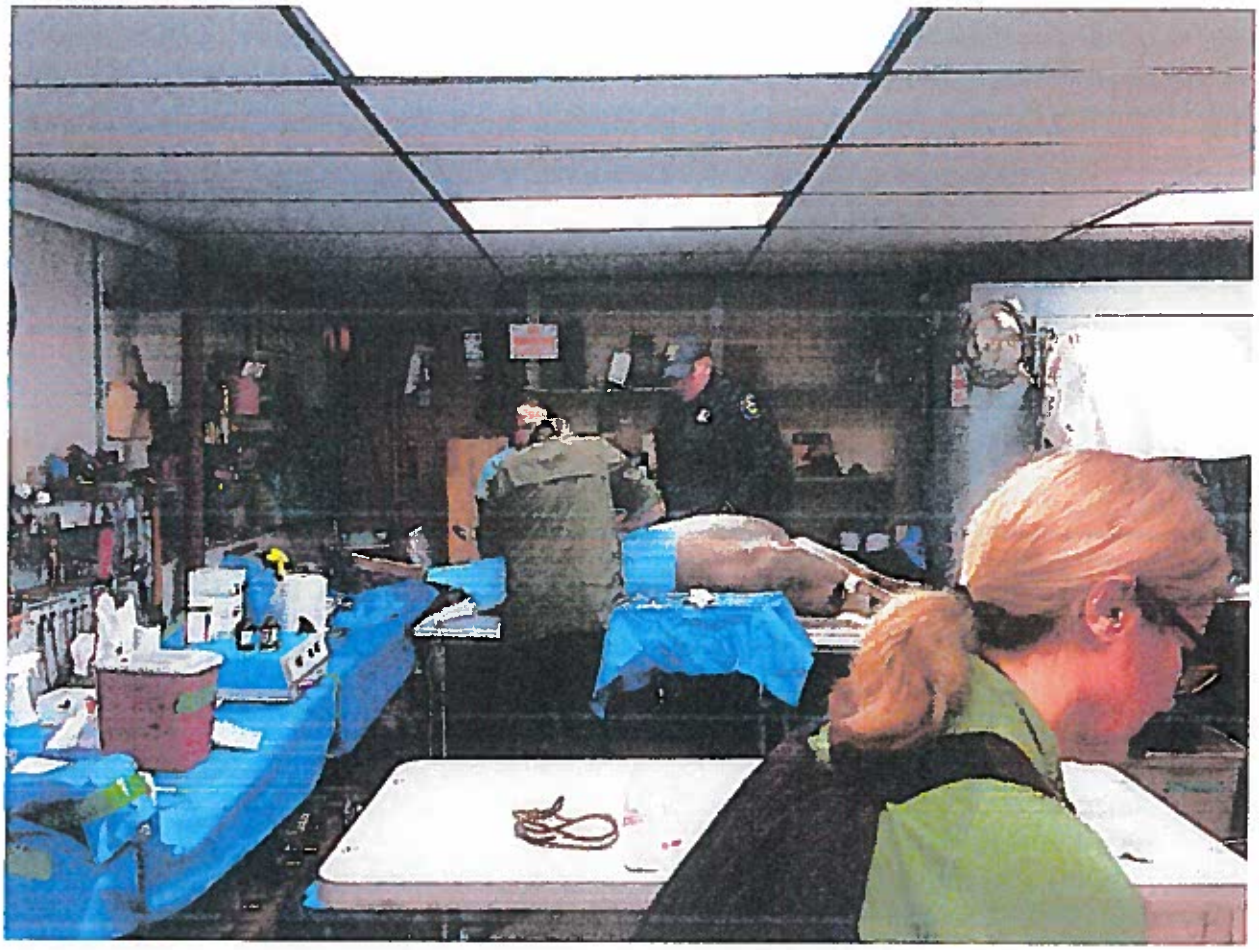

Fig 1 Operating Room

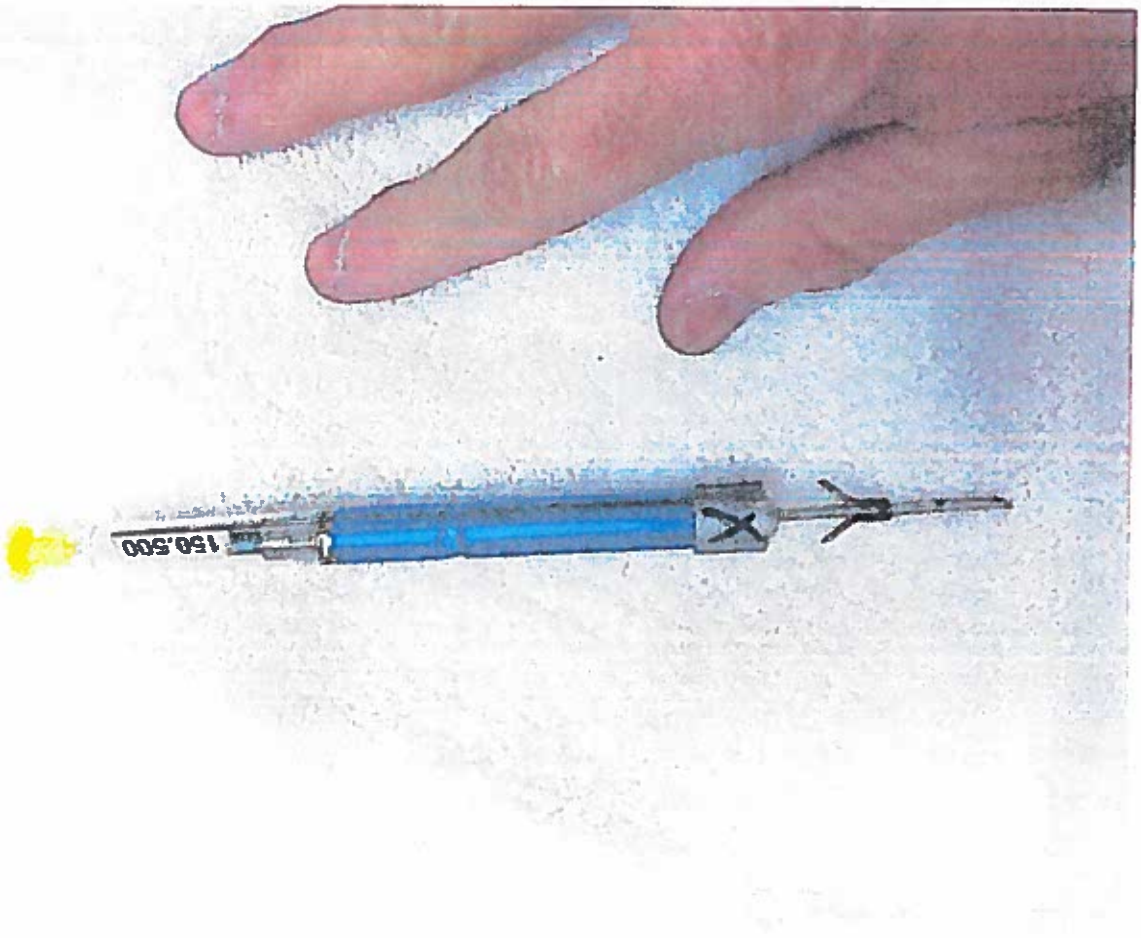

Fig 2 Dart with flashing light and radio transmitter

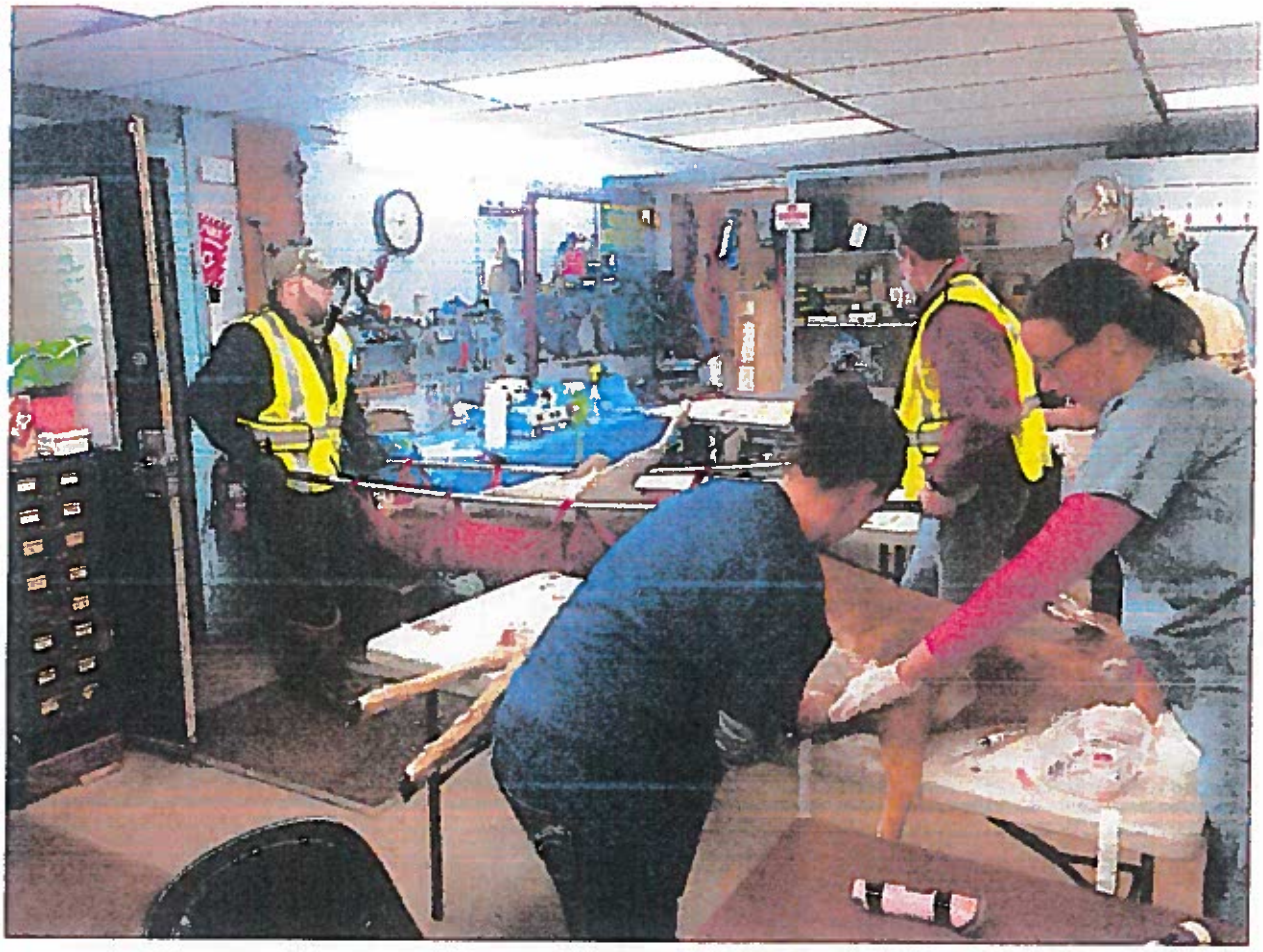

Fig 3 Transport and Prep teams

Fig 4 IV started in pre-op

Fig 5 Arrow protruding from 21

Fig 6 Arrow removed

Fig 7 Deer in OR

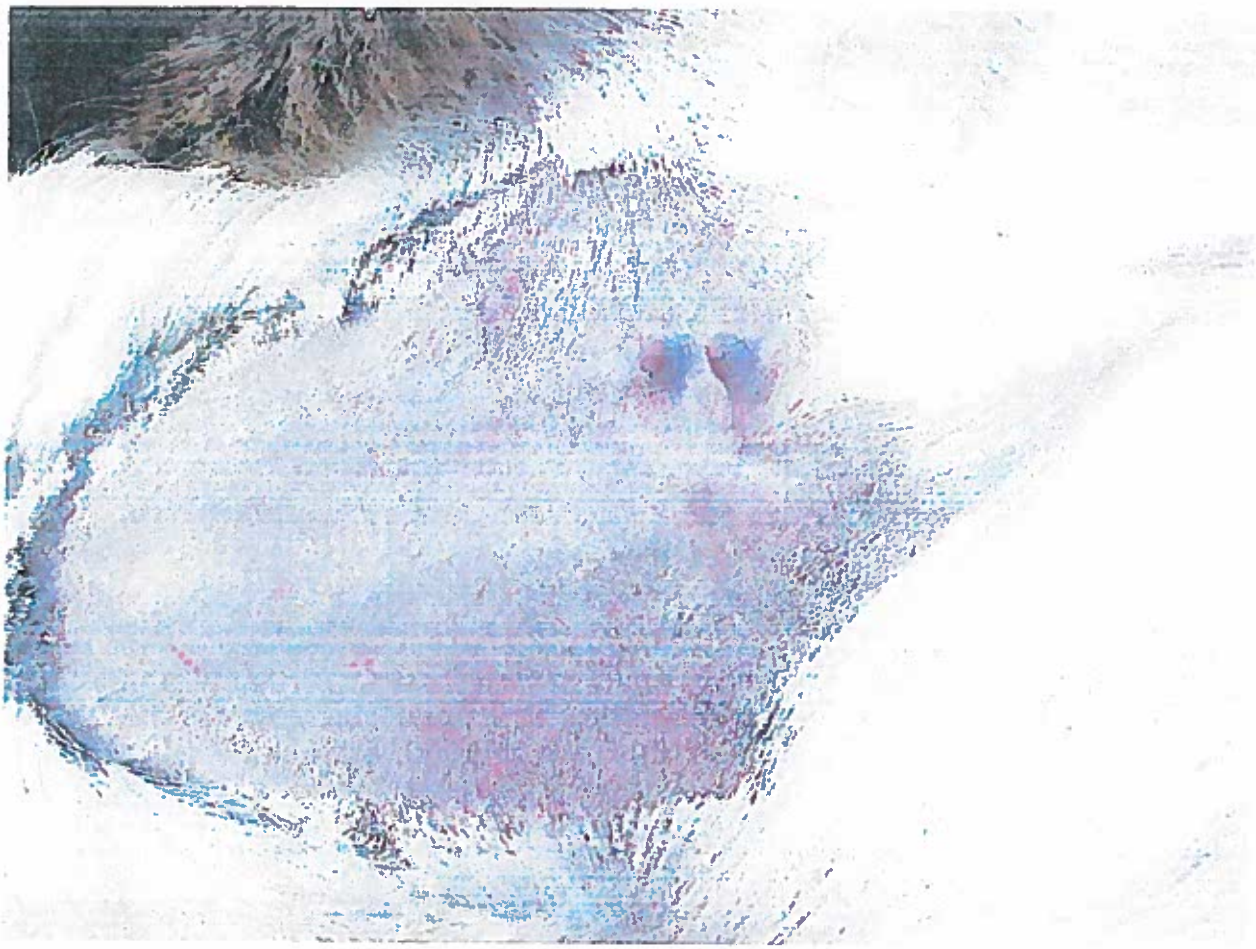

Fig 7 Missing Teats

Fig 8 Transport team with Vet

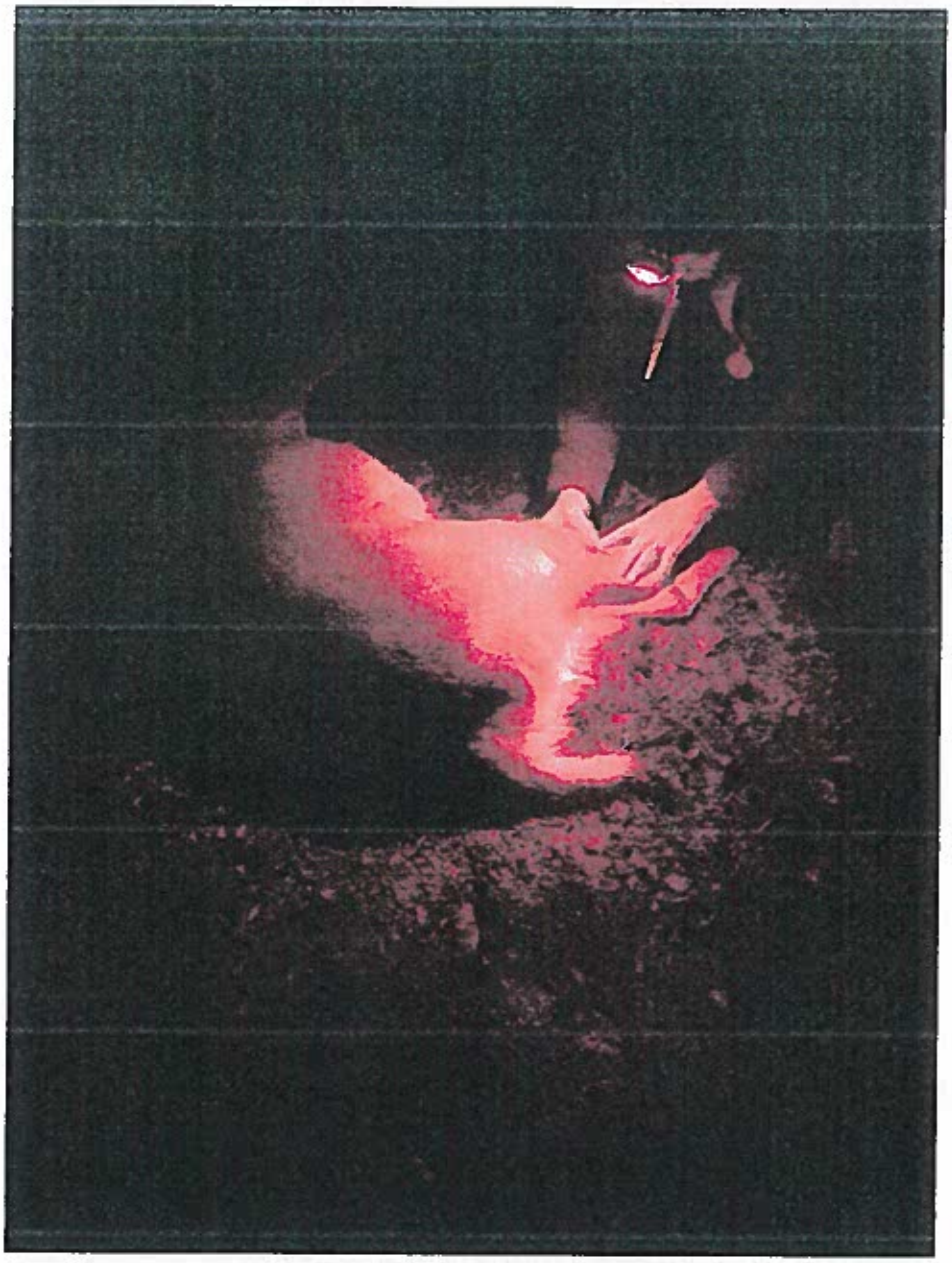

Fig 9 Reversal agent admistered

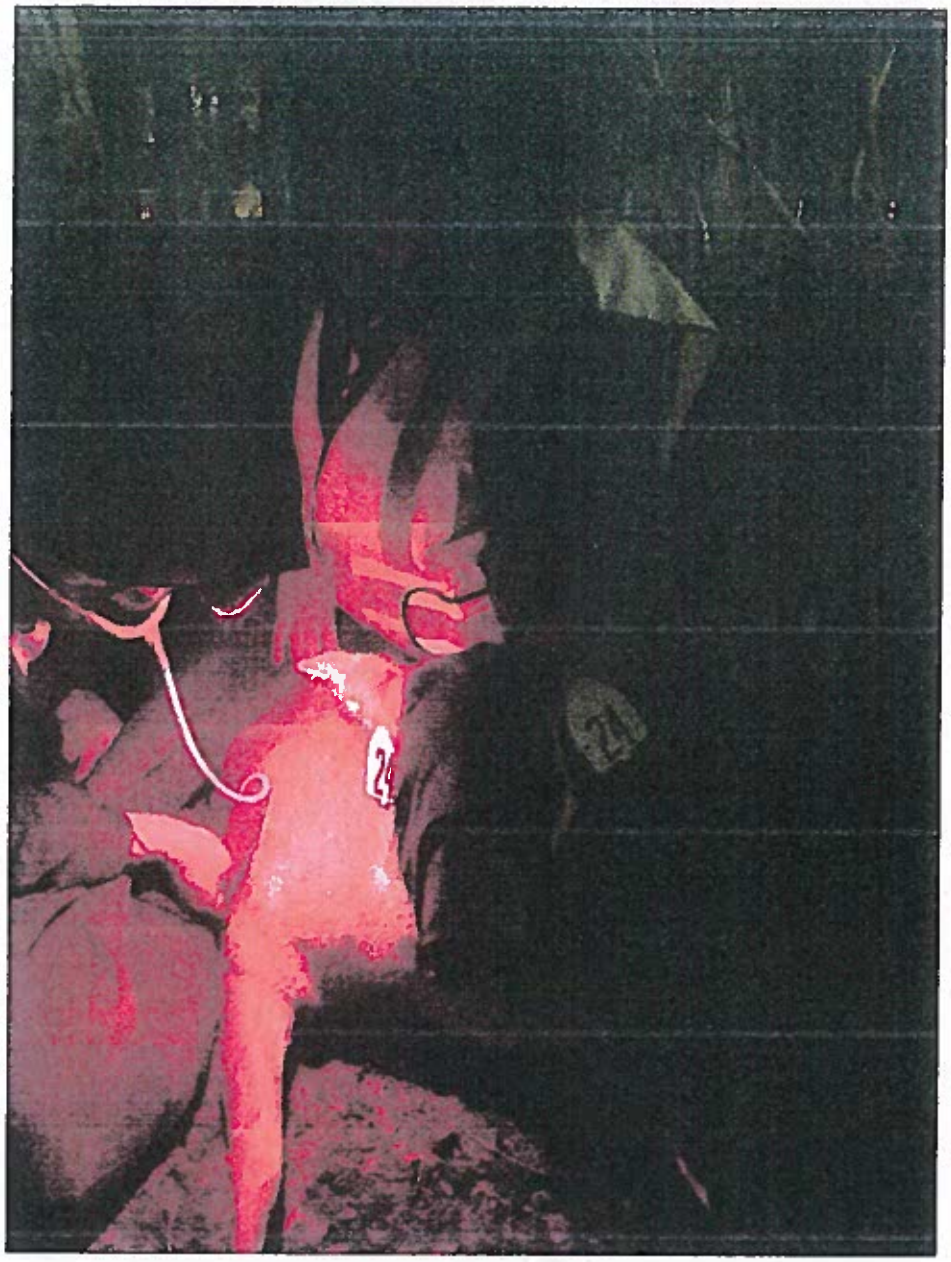

Fig 10 Recovery Team monitoring deer post op

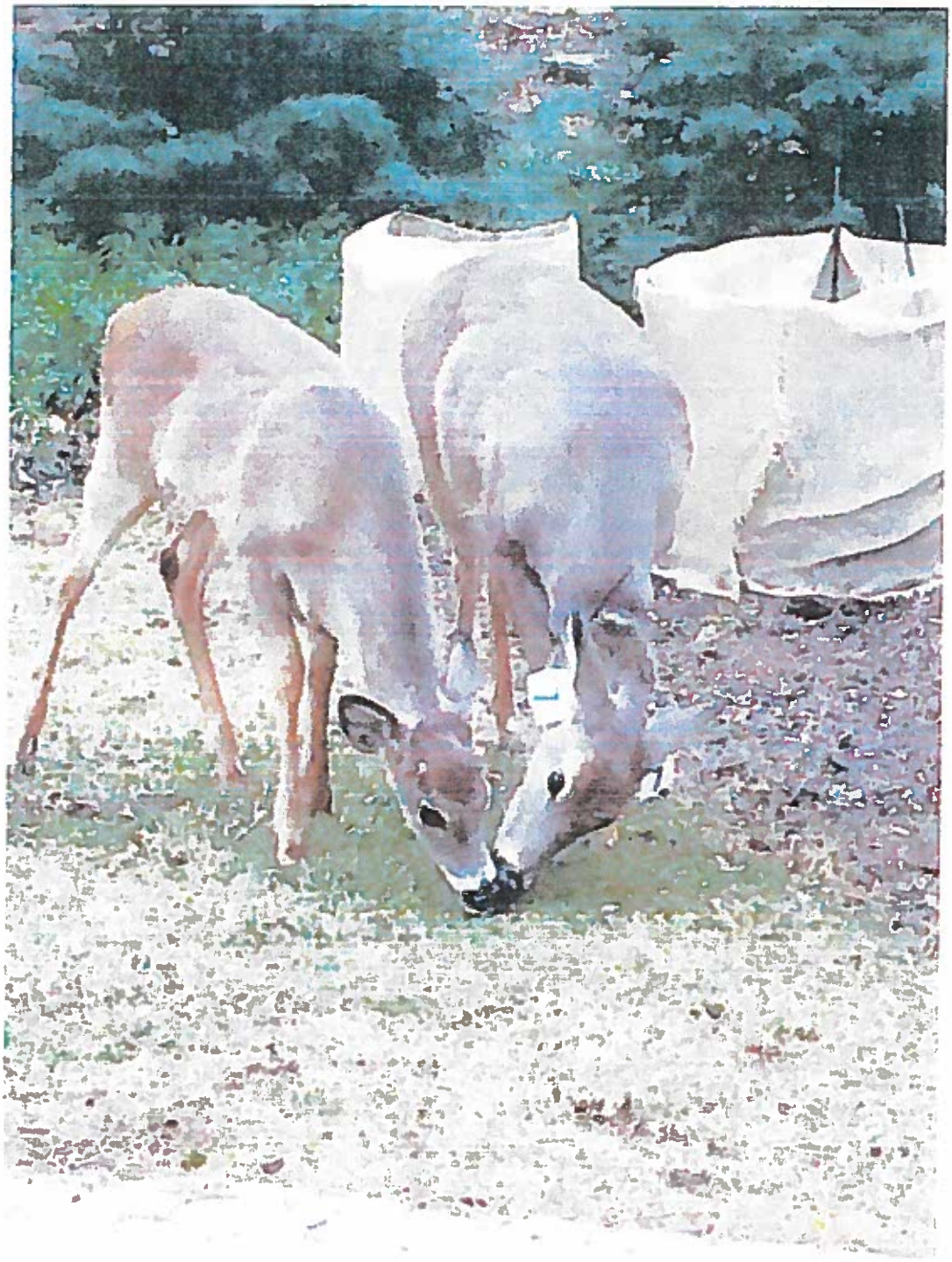

Fig 11 Number 7 and male fawn

Courtesy of Mary Hiniker